4600 Parker Street, Burnaby, BC V5C 3E2 604-664-8535 FAX: 604-664-8541 htp://alpha.sd41.bc.ca

PARENTAL NOTIFICATION OF EXTENDED ABSENCE

This form should be completed and returned no later than one week before the intended absence

INSTRUCTIONS:

- 1. Complete the required sections;
- 2. Present this form to subject teachers AND grade counsellor for signature and/or comment;
- 3. Take the form home for parent signature;

STUDENT INFORMATION SYSTEM OPERATOR:

BOARD OF EDUCATION
BURNABY

- 4. Submit this form to the appropriate Vice Principal who will complete a process of verification;
- 5. Once verified, the completed form will be filed in the office and a copy given to the student.

				•
Please Print: Date		Student #		
This is notification that (stude	ent)			·
	(last)	(last)		(first)
will be away from school forschool days			to	(DATES)
The reason for this absence is	5			
Parent/Guardian Name	W Cell			e Number umber
	PLEASE READ THE FOLI			
authorized or sanctioned by to obligated to prepare make-up and administration of an anticompleted form. STUDENTS: Students are expected to che	opportunities. The purpose in the purpose of the pu	of this form is to in e comments from g to enquire wheth	nform subject tented to the subject tented to the subject to the s	achers, counsellors the back of this nissed work can be
completed beforehand. Not a interaction and learning. Who possible, in a timely manner i	en you return, it is your respo	nsibility to complet		
HAVING READ THE INFOR STATED ABOVE:	MATION, I UNDERSTAND	THE INFORMATI	ON AND EXPE	CTATIONS AS
PARENT/GUARDIAN SIGN	ATURE:			
ADMINISTRATOR SIGNAT	URE:			

EXTENDED ABSENCE OF STUDENT

NAME: _				STUDENT #	
Absent for school days from					
		TEACHER EXPECTATIONS/COMMENTS			
вьоск	COURSE	TEACHER	COMMENT	·	
A					
В				·	. :
С					
D			·		
E					
F					
G					

SPACE FOR ADDITIONAL STUDENT OR TEACHER NOTES:



GRADE COUNSELLOR